Date:		-	
Time:		_	
Staff Initials:			
For Agency Use Only			

(Applicant's Initials)

HOUSING CHOICE VOUCHER (SECTION 8) RENTAL ASSISTANCE APPLICATION

This Form must be completed IN YOUR OWN HANDWRITING. Please print and read all questions carefully. <u>If a particular question does not apply, please write N/A in the space.</u>

CONTACT INFORMATION

NOTE: It is your responsibility to contact the Housing Authority if you have a change of address after you submit this application. Failure to do so may result in cancellation of your application.

Applicant's Name:		
Current Address:		
City:	State:	Zip Code:
Home Telephone No.:	Work Telephone	• No.:
Please list the names and telephone numbers of t you.	two friends or relatives that we may o	contact if we are unable to reach
NAME:	TELEPHONE:	
NAME:	TELEPHONE:	
F.A	AMILY INFORMATION	
List the names of all persons, including yourself, Be aware that all information you provide on this has been selected from the waiting list.		

1) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
2) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
3) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
4) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:

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You will be required to submit evidence of citizenship or eligible immigration status:

SS#:		STUDENT?		U.S. CITIZEN?	
5) FU	LL LEGAL NAME:	RELATIONSHIP	AGE – BIRTHDATE:	PLACE OF BIRTH:	
SS#	LL LEGAL NAME:	STUDENT?	AGE DIDTUDATE	U.S. CITIZEN?	
6) FU	LL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:	
SS#:		STUDENT?		U.S. CITIZEN?	
	LL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:	
SS#:		STUDENT?		U.S. CITIZEN?	
8) FU	LL LEGAL NAME	RELATIONSHIP	AGE – BIRTHDATE:	PLACE OF BIRTH:	
CC#.		CTUDENTO		LLC CITIZENO	
SS#:		STUDENT?		U.S. CITIZEN?	
If yes, please explain Is the Head of Household or spouse elderly, or a person with disabilities? Yes No APPLICATION SELECTION PREFERENCE					
You are applying for a Housing Choice Voucher (Section 8 housing subsidy) through a local organization that administers the vouchers for the Colorado Division of Housing (CDOH). CDOH has established certain preferences. In order to determine whether you qualify for a preference, please complete the section below. Your eligibility for a preference will be verified at the time your name reaches the top of the waiting list.					
Pleas	Please check the following category which best describes your situation:				
VICTIM OF VIOLENCE, NATURAL DISASTER, OR GOVERNMENT ACTION Examples may include victims of a recent incident of domestic violence; a recent flood or fire; victims of hate crimes; persons relocated for various reasons by a government; or households living in a unit that is not physically accessible for mobility impaired member of that household.					
	HOMELESS By federal regulation, families who are homeless are either living in a public or private shelter; living on the streets or in an automobile; or who is a participant in a transitional housing program. It may also mean an individual or family who lacks a fixed, regular, or adequate nighttime residence.				
	CURRENTLY ENROLLED IN AN EDUCATIONAL, TRAINING, OR UPWARD MOBILITY PROGRAM. This would include individuals who are currently working towards self-sufficiency by being enrolled in a school or job-training program.				
	PREVIOUSLY ENROLLED IN AN EDUCATIONAL, TRAINING, OR UPWARD MOBILITY PROGRAM AND IS IN THE PROCESS OF MEETING HIS/HER PROGRAM GOALS. This would include those who have finished school or a training program and are now entering the job market.				

CURRENTLY WORKING

HEAD OF HOUSEHOLD OR SPOUSE IS ELDERLY OR DISABLED Elderly is defined as over the age of 62. A disability is defined as a physical or mental impairment of long and indefinite duration.
IMPORTANT: By checking one or more of the Application Selection Preferences above, you are indicating that you are in need of housing for one of those reasons. If the housing organization is unable to verify the information you have given, you will be taken off the "selection preference" list, and placed on the "non-preference" waiting list by the date and time of your original application.
I CURRENTLY HAVE NO SELECTION PREFERENCE
IMPORTANT: If your situation changes, and you qualify for one of the selection preferences listed above, <u>please</u> contact the housing agency and update your application. If you do so, your application will then be placed on the "preference" waiting list by the date and time of the original submission of this application.
IMPORTANT: If you do not understand this information, or if you are not sure you qualify for an Application Selection Preference, please ask a staff member of the housing organization to explain the preferences in more detail.
PROGRAM DATA
How did you hear about the Section 8 Housing Assistance Program?
Have you or any family member ever received housing assistance before? Yes No If yes, where and when?
Have you, or any household member ever been requested to pay back money to a federally assisted housing program?
Yes No If yes please explain where and when
Have you or any member of your family ever been convicted of a drug-related or violent crime? Yes No If yes please explain
Have you ever used a different name? Yes No If yes, which name did you use?

RACIAL AND ETHNIC CATEGORIES

The following information is requested for statistical purposes so that the Department of Housing and Urban Development may determine the degree to which minority families are using its programs. Please indicate which racial and ethnic group to which you and each member of your family belong:

RACE CATEGORIES	NUMBER OF PERSONS
White	
Black/African American	
American Indian/ or Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	

ETHNIC CATEGORIES	NUMBER OF PERSONS
Hispanic or Latino	
Not Hispanic or Latino	

SOURCES OF INCOME

List all members of your family who are currently employed, either full-time or part-time and their income. Include all earnings from self-employment, military pay, tips, etc. ALSO list all members of your family who are currently receiving income from other sources, for example: Social Security, pensions, disability, TANF, SSI, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts. You must include all sources of income for all members.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	WHAT IS THE TYPE OR SOURCE OF INCOME? INCLUDE THE NAME AND ADDRESS OF ALL EMPLOYERS	HOW OFTEN IS THIS INCOME RECEIVED AND WHAT IS THE AMOUNT?

ASSETS

Dinaco	liet	hank	accounte	of all	household	l members:
riease	IISI	Dank	accounts	OI AII	nousenoio	i members:

Please list bank accounts	of all household members:		
Checking Account:	Bank name and address:	Account number:	Current balance:
name on account			
Savings account:	Bank name and address:	Account number:	Current balance:
name on account			
Other accounts:	Name and address	Account number:	Current balance:
name on account			
	nation, add another sheet of pape		
Appraised value \$			
	estate? No Yes ()	When?	
,	()		
	OTHER	RASSETS	
Who owns it?	what is it?	Approximate value	Do you receive any income from this asset? How much?
Have you received any lum	p-sum payments, cash gifts, or i	inheritances? Yes	No
			
			
	ate or a mobile home? Yes		
If yes explain:			
	ALLOWABI	LE EXPENSES	
Do you pay daycare for ho or go to school?	usehold members who are under	r 13 years of age in order to	enable a family member to work,
Yes No			

Do you pay for the care of a disabled family member in order to enable a family member to work or go to school?

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Yes No	
ALLOWANCE EXPENSES FOR THE ELDERLY	Y OR PERSONS WITH DISABILITIES
Do you pay for disabled or handicapped care in order to enable far	mily members to work and/or go to school?
Yes No	
Do you have any out-of-pocket medical expenses? Yes No _ If yes, what are they?	
SIGNATURE AND APPLICATION It is this housing agency's policy to verify all information contained	
indicated, in acknowledgment of this policy.	
I/We certify that the information given to thecomplete to the best of my/our knowledge and belief. I/We also un grounds for denial of housing assistance or termination of my/our	
Signature of Head of Household	Date
Signature of Other Adult Member(s)	Date
	<u> </u>

WARNING: Section 1001 of title 18 of the U.S. Code, makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Date

Date

Colorado Relay Service 1-800-659-2656
A TDD service for those individuals with hearing and speech disabilities

Signature of Other Adult Member(s)

Signature of Other Adult Member(s)